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Exhibit 300: Capital Asset Summary
Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview & Summary Information

Date Investment First Submitted: 2009-06-30
Date of Last Change to Activities: 2012-07-26
Investment Auto Submission Date: 2012-02-23
Date of Last Investment Detail Update: 2012-02-23
Date of Last Exhibit 300A Update: 2012-07-26
Date of Last Revision: 2012-07-26

Agency: 009 - Department of Health and Human Services   **Bureau:** 38 - Centers for Medicare and Medicaid Services

Investment Part Code: 01

Investment Category: 00 - Agency Investments

1. Name of this Investment: CMS Health Care Quality Improvement System (QIES)

2. Unique Investment Identifier (UII): 009-000001465

Section B: Investment Detail

1. **Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

    HCQIS monitors and reports on the quality and effectiveness of care and services provided to Medicare/Medicaid beneficiaries. It is the focal point for resident assessment, quality indicators, survey/certification, and enforcement information for providers. It meets the needs of State Survey Agencies, CMS, other Federal Agencies, QIOs, beneficiaries, consumers and researchers that utilize information concerning quality of care. It allows CMS and FIs to review resident assessment data against nursing homes, home health agencies, and inpatient rehabilitation facility claims for which the payment is based on resource utilization groups. It maintains important information on Federal oversight surveys, enforcement data and supports the Administrator's Nursing Home and Hospital initiatives. HCQIS permits information to be shared quickly and conveniently between federal and state governments with data access from one central location. It collects provider and beneficiary specific outcomes of care and performance data from a multitude of delivery sites, and across multiple provider types. HCQIS data is used to improve the quality and cost effectiveness of services and enables consumers to make educated choices about providers of care. HCQIS aligns with the Federal Health IT Policy Principles 1.1, Improve health and health care, and 1.3, Share health information between providers to enable better care. HCQIS is dependent on the Quality Program, an investment which creates an environment that makes use of shared database

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servers and WAN resources. HCQIS shares and utilizes the infrastructure of this Quality Program investment.

2. **How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an assessment of the program impact if this investment isn't fully funded.**

    As mentioned above, HCQIS supports HHS Strategic Plan Objective 1.3, improve healthcare quality, safety, cost and values. HCQIS collects and maintains survey and certification and quality of care data on health care facilities. Collection of this data is mandated by legislation and no other system provides users with this mandated information. Data is maintained in a central location and allows CMS, State agencies and other users to access the data, as needed. HCQIS compiles the data into formats that permit users to analyze and generate reports to determine if health care facilities are complying with Federal requirements. This information allows surveyors to monitor whether facilities are adhering to Medicare rules and regulations. HCQIS provides quality care data to providers, and enhances the healthcare quality and safety of beneficiaries. HCQIS provides public reporting information to consumers, such as data on the Nursing Home, Home Health, and Hospital Data Compare web sites.   If HCQIS is not fully funded, it will have an adverse impact on the survey and certification program and the quality of care provided to beneficiaries. The S&C program, which is legislatively mandated, is dependent on HCQIS. CMS will be unable to provide information on certification and quality of care for nearly all providers. CMS will have to terminate a myriad of activities in support of provider quality of care, including: ceasing collection and reporting of quality indicator measures data for nursing homes (NH) and home health agencies (HHA); closing down all CMS consumer information for NH, HHA, and hospitals on its Compare web sites; and ceasing collection of complaint data used by State agencies and Quality improvement Organizations.

3. **Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.**

    In FY 2011, we incorporated and supported MDS 3.0. This improved the tool's clinical utility, clarity and accuracy while maintaining the ability to use MDS data for quality indicators, quality measures and payment (resource utilization groups-III and IV [RUG-III/IV]). CMS integrated and supported OASIS-C by introducing new streamlined process measures and refined existing data elements to more accurately capture improvement. In addition, CMS redesigned ASPEN Survey Explorer (ASE) and integrated the Quality Indicator Surveys (QIS) and ESRD STAR programs. ASE created a single, cohesive application framework that streamlined surveyor operations. We continued to support the redesign of OSCAR and CLIA in HCQIS. We incorporated and enhanced several OSCAR standard reports and integrated the CLIA data entry application while still maintaining the legacy system. CMS obtained DHHS/CMS approval on Authority To Operate (ATO).

4. **Provide a list of planned accomplishments for current year (CY) and budget year (BY).**

    For FY 2012, HCQIS will support section 6111 of the ACA regarding the imposition and collection of civil money penalties by CMS when nursing homes are not in compliance with

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Federal participation requirements. We will incorporate the online CLIA Accounting functions and Lockbox processing in HCQIS; modify the assessment tools (HAVEN, IRVEN) to incorporate changes to the ICD-9 codes, Case Mix and Home Health Resource Groupers; revise MDS 3.0 and jRAVEN to include modifications to data specifications, Section S, item subsets, MDS 3.0 quality measures and RUG-IV; update the Resident Profile Table and History Tables for MDS 3.0. We will also begin a thorough analysis on MDS, OASIS and IRF-PAI to accept the new ICD-10 codes. QIES will support section 3004 of the ACA which requires a Quality Reporting Program for long-term care hospitals (LTCH), inpatient rehabilitation facilities (IRF) and hospices. CMS will revise OASIS-C to include modifications to data specifications, NQF endorsed quality measures and submission systems; continue support of the redesign of OSCAR and CLIA in QIES; integrate the IRF National Collection System into the Assessment Submission and Processing System (ASAP); and convert the IRVEN software application to a JAVA platform. For BY 2013, CMS plans to integrate ASSURE into the current infrastructure; convert the existing CLIA Billing Batch jobs into HCQIS; continue to support the QIS and ESRD STAR programs; replace outdated State hardware and software to handle the expanding capabilities; modify existing functionality to provide expanding oversight on LTCH, IRF and hospices; incorporate the new ICD-10 codes; and support and maintain the current State infrastructure.

5. **Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment. An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology specialist, a security specialist and a business process owner before OMB will approve this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.**

2010-07-01

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Section C: Summary of Funding (Budget Authority for Capital Assets)

1.

Table I.C.1 Summary of Funding				
	PY-1 & Prior	PY 2011	CY 2012	BY 2013
Planning Costs:	$27.0	$0.0	$0.0	$0.0
DME (Excluding Planning) Costs:	$80.2	$0.0	$0.0	$0.0
DME (Including Planning) Govt. FTEs:	$0.2	$0.0	$0.0	$0.0
Sub-Total DME (Including Govt. FTE):	$107.4	0	0	0
O & M Costs:	$112.1	$20.8	$23.2	$22.4
O & M Govt. FTEs:	$0.3	$0.4	$0.5	$0.5
Sub-Total O & M Costs (Including Govt. FTE):	$112.4	$21.2	$23.7	$22.9
Total Cost (Including Govt. FTE):	$219.8	$21.2	$23.7	$22.9
Total Govt. FTE costs:	$0.5	$0.4	$0.5	$0.5
# of FTE rep by costs:	5	4	5	5

Total change from prior year final President's Budget ($)		$3.7	$2.0	
Total change from prior year final President's Budget (%)		20.91%	9.08%	

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2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:

The increase in funding is due to several factors including: maintaining multiple environments: increased costs associated with implementation and operational issues of MDS 3.0; dramatic increases in costs for hardware and software licenses; upgrades to the infrastructure; upgrades to testing and development hardware; network support; system administration; security; security assessments; 508 compliance; ICD-10; complying with the Affordable Care Act, and modifying functionality.

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Section D: Acquisition/Contract Strategy (All Capital Assets)

Table I.D.1 Contracts and Acquisition Strategy											
Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value ($M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
Awarded	7530	HHSM500200700277G	GS35F0633S	4730							
Awarded		HHSM500T0003	HHSM500200700029I	7530							
Awarded		HHSM500T0002	HHSM500200700022I	7530							

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:

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Exhibit 300B: Performance Measurement Report

Section A: General Information

Date of Last Change to Activities: 2012-07-26

Section B: Project Execution Data

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost ($M)
286250	QIES CLIA Online Accounting	CLIA Online accounting activities.			
286461	QIES ASSURE	Centralize and integrate the existing ASSURE system which provides data capture and reporting of accredited or deemed providers managed by Accrediting Organizations into QIES.			
288991	QIES CLIA Batch Billing	Conversion of the CLIA batch jobs. Convert jobs that create, send bills, and bubble certificate information.			

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities ($M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance ($M)	Cost Variance (%)	Total Planned Cost ($M)	Count of Activities
286250	QIES CLIA Online Accounting							
286461	QIES ASSURE							

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			Activity Summary					
			Roll-up of Information Provided in Lowest Level Child Activities					
Project ID	**Name**	**Total Cost of Project Activities ($M)**	**End Point Schedule Variance (in days)**	**End Point Schedule Variance (%)**	**Cost Variance ($M)**	**Cost Variance (%)**	**Total Planned Cost ($M)**	**Count of Activities**
288991	QIES CLIA Batch Billing							

			Key Deliverables					
Project Name	**Activity Name**	**Description**	**Planned Completion Date**	**Projected Completion Date**	**Actual Completion Date**	**Duration (in days)**	**Schedule Variance (in days)**	**Schedule Variance (%)**
286250	286250: Documentation		2011-11-18	2011-11-18	2011-11-19	17	-1	-5.88%
286461	286461: Requirements Analysis		2011-12-14	2011-12-14		120	-261	-217.50%
286250	286250: Production Deployment Preparations		2011-12-31	2011-12-31	2011-12-18	40	13	32.50%
288991	288991: Requirements Analysis		2012-02-28	2012-02-28		150	-185	-123.33%

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Section C: Operational Data

				Table II.C.1 Performance Metrics				
Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
Percent of users transitioned to Network switch-over	Percent	Mission and Business Results - Management of Government Resources	Over target	27.000000	27.000000		66.000000	Monthly
Percent of users satisfied with Help Desk responses to inquiries and reported problems	Percent	Customer Results - Service Quality	Over target	90.000000	90.000000		93.000000	Semi-Annual
Percent of time production environment is unavailable to users, excluding scheduled maintenance periods	Percent	Technology - Reliability and Availability	Under target	10.000000	10.000000		5.000000	Monthly
Percent of security incidents resolved within appropriate timeframe	Percent	Process and Activities - Security and Privacy	Over target	90.000000	90.000000		93.000000	Monthly
Percent of timely contractor responses to requests	Percent	Process and Activities - Management and Innovation	Over target	90.000000	90.000000		93.000000	Monthly